## MAIOT LANGUAGO

## COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Deta								
Public Employer:	City of Bridgeton					County: Cumberland		
Employee Organization	EMTs/PARAMEDICS INT'L ASSN/NAGE/SEIU LOCAL #R2-352					Employees in Unit 9		
Base Year Contract Term:	7/1/2011	6/30/2015	5/30/2015 New Contract Term 7/1/2015					
Type of Settlement	☐ Mediated Set	Jement 🔲 F	act-Finder Recomme	ndation 📝	Voluntary Settlem	ent Super Concil		
100.12	*							
			Column A Base Year - Total Costs			Column B Year • Total Costs		
				revious agreement)	(First Year of	Successor agreement)		
Section II: Economic								
Item 1 Sala	ny	\$372,652			\$378,243			
	ement		\$0		\$0			
•	gevity	_	\$0		. \$0			
Item 5		<del>_</del>						
tem 6								
tem 7		<del></del>						
tem 8			İ					
Item 9		_						
tem 10		_						
tem 11		<del></del>		()				
tem 12		_				<del></del>		
Any additional items list on separate she	et	Additional items						
Section III: Totals - Sum of costs in each column								
			\$372,652		\$378,243	\$376,243		
			(Total)		{	Fotal)		
Section IV: Aralysis of new successor	х адгестелі		<u>NEW</u> AGREE	MENT ANALYSIS				
Total Base Year(previous agreement)	\$372,652							
Effective Date (m/d/yyyy)		=141004=	. /. /					
Percent Increase	***************************************	<u>7/1/2015</u> 1.5	1/1/2016	1/1/2017	1/1/2018	1/1/2019		
Total cost of increase		\$5,590	2.83 \$10,697	2.10	1.93	2.12		
Total base salary (successor agreement)	***********	\$378,243	\$388,939	\$8,167 \$397,106	\$7,682 \$404,788	\$8,570 \$413,358		
Section V: Impact of Settleme	nt • averace annual i							
Percentage Impact (average per year over		2.32						
Došar impact (average per year over term	rofagræmen)	\$9,045.00						
Section VI								
Health trausence (Indicate costs associat	ed on each line)	Base Verr	V•					
Cost of Heelth Plan		### Fase Year \$125,549	γ <sub>Eær 1</sub> \$131,187					
Employee Contributions	***************************************	\$10,832	\$13,429					
Prescription								
Dental	••••••							
Vision			e that if any of the fe	regning items ore folke	s/ha ic subject to	nunisment		
	t the foreasing figur	es are true and is sum	, any or and the		, sine is subject to	JAN II SHIRAHL		
The undersigned certifies tha	t the foregoing figur	es are true and is awar						
<u>The undersigned certifies tha</u> Section Vil	t the foregoing figur			Tiga.	Rucinece Arl	ministrator		
				Liffe;	Business åd	ministrator		
<u>The undersigned certifies tha</u> Section VII	- Dale F. Go	ndrean		tife; Date:	Business Ad 12/22/2015	ministrator		